

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035221

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 176

FILED OCT 11 1962

VS 300
Rev. 4/59

6497
28140

3

4 0

5 1

6

7 1

8 2

9 X

10

11 049

12 2-3

13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Pottawattamie	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		c. CITY OR TOWN Avoca Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks Hospital		d. STREET ADDRESS (If outside, give location) P. O. Box 612 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ANDREW THERKILDSEN		4. DATE OF DEATH Month Day Year 10 4 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-25-1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (City and state or country) North Saltum, Denmark USA
13a. FATHER'S NAME Andrew Therkildsen		13b. MOTHER'S MAIDEN NAME Anna Sorensen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 3	
17. INFORMANT Mary Therkildsen, Box 612, Iowa		14. NAME OF HUSBAND OR WIFE Mary Therkildsen	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) respiratory failure DUE TO (b) crushed chest DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) fractured left upper-arm			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) car-truck collision on Hiway 66	
20c. TIME OF INJURY Hour a.m. p.m. 9:20 xx	Month, Day, Year 10-4-62	one mile east of Carthage, Mo	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway 66	20f. CITY, TOWN, OR LOCATION Carthage Rte 1	COUNTY STATE Jasper Mo
21. I attended the deceased from did not attend and last saw her alive on _____ Death occurred at 11:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Therrell P. ...</i> (Degree or title) Coroner Jasper County		22b. ADDRESS Joplin, Missouri	22c. DATE SIGNED 10-4-62
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 10-5-62	23c. NAME OF CEMETERY OR CREMATORY Harlan, Cemetery	23d. LOCATION (City, town, or county) (State) Harlan, Iowa
24. FUNERAL DIRECTOR Knell Mortuary Carthage, Mo		25. DATE RECD. BY LOCAL REG. 10-5-62	26. REGISTRAR'S SIGNATURE <i>Elmer Clintus</i>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

NOV 8 1962

OCT 11 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.